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Integrating screening and self-care education on menopausal symptoms in Posyandu Handayani 20 Medan

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ABSTRACT

Menopause is a natural physiological transition accompanied by vasomotor, psychological, and physical complaints that often reduce women's quality of life, particularly in community settings where specialized menopausal healthcare services remain scarce. This study evaluated the effectiveness of integrating systematic health screening and self-care health literacy education at Posyandu Handayani 20, Kelurahan Rengas Pulau, Kecamatan Medan Marelan, Kota Medan. A quasi-experimental study with a pretest-posttest control group design was conducted involving 59 postmenopausal women aged 45–59 years selected through total population sampling. The intervention group (n = 30) received a six-week structured program comprising systematic symptom screening utilizing the Kupperman Menopausal Index (KMI) and three interactive self-care educational modules, while the control group (n = 29) received symptom screening only. Post-intervention results demonstrated a statistically significant reduction in KMI symptom severity scores (mean decrease of 12.80 points, $p < 0.001$) and significant improvements in self-care practices and quality of life, as reflected by changes in MSCQ and MENQOL scores ($p < 0.001$). These findings suggest that integrating systematic symptom screening with structured self-care education may contribute to reduced menopausal symptom burden, improved self-care practices, and better quality of life among women in community settings.

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INTRODUCTION

Menopause is a natural biological transition in a woman's life cycle characterized by the gradual cessation of ovarian reproductive function and the end of menstrual bleeding (Davis et al., 2023). Clinically, natural menopause is diagnosed retrospectively after 12 consecutive months of amenorrhea in the absence of other physiological or pathological causes. Menopause generally occurs during midlife and is accompanied by a range of physical and psychological symptoms that may affect women's health and quality of life (Magraith & Jang, 2023; Metcalf et al., 2023). This transition is frequently accompanied by complex physical, vasomotor, psychological, and

genitourinary symptoms, including hot flashes, night sweats, sleep disturbances, fatigue, mood fluctuations, and joint or muscle discomfort (Lumsden et al., 2025; Nainggolan et al., 2024). The severity and combination of these symptoms vary considerably among individuals and directly impair daily functional capacity and overall quality of life (Arar & Erbil, 2023).

At the community level, menopausal women may face challenges in accessing appropriate information and support for managing menopause-related symptoms. Evidence from community-based studies indicates that health literacy among menopausal women may be limited and is associated with their quality of life and ability to manage menopausal health concerns (Jenabi et al., 2020). Limited menopause-related health literacy may be influenced by inadequate access to reliable and understandable health information and limited awareness of appropriate information sources (Hajesmaeel-Gohari et al., 2021). In addition, limited opportunities for structured menopause education, misconceptions about menopause, cultural perceptions, and societal judgement may discourage women from discussing menopausal symptoms or seeking appropriate support (Thavabalan et al., 2025). Limited communication and counseling about menopause in primary healthcare settings may further reduce women's opportunities to obtain accurate information, as many women report wanting menopause-related information from healthcare professionals while discussions are not routinely initiated in primary care (Natvik et al., 2024). These factors may hinder women's ability to recognize symptoms, make informed health decisions, and adopt appropriate self-care practices. Community-based health posts may therefore provide an important platform for improving women's access to menopause-related health information and self-care support.

In the preliminary assessment conducted at Posyandu Handayani 20, Kelurahan Rengas Pulau, Kecamatan Medan Marelan, Kota Medan, menopause-related health information and structured self-care education had not been routinely integrated into community-based activities. This local condition provided the rationale for implementing a structured screening and self-care education program for menopausal women.

Adequate health literacy and self-care practices are important components of effective menopause management, enabling women to obtain and understand health information and adopt appropriate self-care behaviors. Structured self-care education has been shown to improve self-care practices and quality of life among menopausal women (Hossein Mirzaee Beni et al., 2022). Similarly, a randomized controlled trial demonstrated that a self-care education program could improve menopause-related outcomes among postmenopausal women (Karimi et al., 2022). Beyond education, systematic assessment of menopausal symptoms provides a structured approach for identifying symptom burden and monitoring changes over time (Tao et al., 2013). The Menopausal Self-Care Questionnaire (MSCQ) has been used to assess self-care behaviors among postmenopausal women, covering multiple dimensions of menopause-related self-care (Malekmirzaei et al., 2023), while the Kupperman Index has been widely used to assess menopausal symptom severity (Tao et al., 2013).

Despite substantial evidence supporting menopause education and self-care interventions (McFeeters et al., 2024; Rathnayake et al., 2020), evidence on integrated community-based approaches combining symptom screening with structured self-care education remains limited. Existing approaches have generally focused either on identifying and assessing menopausal symptoms or on improving self-care practices through education (Hossein Mirzaee Beni et al., 2022; McFeeters et al., 2024a), rather than integrating these components as a continuum of community-based care. It remains unclear whether integrating systematic symptom screening with structured self-care education can simultaneously improve menopausal symptoms, self-care practices, and quality of life. Therefore, this study aimed to evaluate the effectiveness of integrating symptom screening and self-care education on menopausal symptoms, self-care practices, and quality of life among 59 menopausal women at Posyandu Handayani 20, Kelurahan Rengas Pulau, Kecamatan Medan Marelan, Kota Medan.

RESEARCH METHOD

This study employed a quasi-experimental pretest-posttest control group design to evaluate the effectiveness of an integrated community-based intervention (Alsaggaf et al., 2018). The study was conducted at Posyandu Handayani 20, Kelurahan Rengas Pulau, Kecamatan Medan Marelan, Kota Medan, North Sumatra. The study population comprised all menopausal women residing within the service area of Posyandu Handayani 20 who met the eligibility criteria. Total population sampling was applied, resulting in 59 eligible participants. Participants were allocated to an intervention group (n = 30), which received integrated symptom screening and structured self-care education, and a control group (n = 29), which received symptom screening without structured self-care education. The two-group design was used to compare changes in menopausal symptoms, self-care practices, and quality of life between women who received the structured self-care education and those who underwent symptom screening only. The control group provided a comparison for determining whether changes in the study outcomes were associated with the educational intervention rather than with symptom assessment or changes occurring over the study period. The pretest-posttest structure enabled changes in outcomes within each group to be assessed over time, while the control group allowed these changes to be compared with those occurring in women who underwent symptom screening only. This design was considered appropriate for the community-based setting because individual randomization was not implemented (Handley et al., 2018).

The inclusion criteria were: (a) women aged 45–59 years who had experienced amenorrhea for at least 12 consecutive months (Harlow et al., 2012), (b) women residing in the service area of Posyandu Handayani 20, Kelurahan Rengas Pulau, Kecamatan Medan Marelan, Kota Medan, (c) able to communicate effectively, and (d) willing to participate in the six-week intervention and provide written informed consent. Women receiving hormone replacement therapy or those with severe chronic conditions requiring inpatient care were excluded from the study.

The six-week intervention period was selected to allow the sequential delivery of the three educational modules, with each module implemented over two weeks. This period provided participants with sufficient time to receive the education progressively, apply the recommended self-care strategies in their daily lives, and monitor changes in their symptoms before the posttest assessment. The intervention was organized into three sequential two-week modules(Kafaei-Atrian et al., 2022): (a) Module 1: Understanding Menopause and Symptom Recognition, focusing on physiological changes during menopause and recognition of common menopausal symptoms (Harlow et al., 2012; Koyuncu et al., 2018); (b) Module 2: Self-Care and Symptom Management, addressing nutrition, physical activity, reproductive hygiene, stress management, and other appropriate self-care practices (Hossein Mirzaee Beni et al., 2022; Karimi et al., 2022); and (c) Module 3: Self-Management and Symptom Monitoring, emphasizing daily symptom tracking, self-evaluation, and application of self-care strategies in daily life (Malekmirzaei et al., 2023; Wong et al., 2018).

Despite substantial evidence supporting menopause education and self-care interventions, most published programmes have focused on individual educational components rather than integrated approaches that combine symptom assessment with structured self-care education in community-based primary care settings (Afshari et al., 2020; Bahri et al., 2018; Shobeiri et al., 2017). Recent evidence indicates that menopause education can improve women's knowledge, symptom management, and quality of life, although intervention components and delivery approaches vary considerably across studies (Forouhari et al., 2010; McFeeters et al., 2024). This highlights the need for practical community-based approaches that integrate symptom screening with structured self-care education to support women in recognizing and managing menopausal symptoms (Rindner et al., 2023). Therefore, this study aimed to evaluate the effectiveness of integrating symptom screening and self-care education on menopausal symptoms, self-care practices, and quality of life

among 59 menopausal women at Posyandu Handayani 20, Kelurahan Rengas Pulau, Kecamatan Medan Marelan, Kota Medan.

RESULTS AND DISCUSSIONS

Evaluation of baseline characteristics among the 59 respondents at Posyandu Handayani 20, Kelurahan Rengas Pulau, Kecamatan Medan Marelan, Kota Medan, showed a mean age of 52.40 ± 3.15 years in the intervention group and 52.15 ± 3.20 years in the control group. Baseline comparison showed no statistically significant differences between the two groups ($p > 0.05$), indicating comparable baseline characteristics. The baseline and post-intervention scores for the Kupperman Menopausal Index (KMI), Menopausal Self-Care Questionnaire (MSCQ), and Menopause-Specific Quality of Life (MENQOL) are presented in Table 1.

Table 1. Comparison of KMI, MSCQ, and MENQOL scores between intervention and control groups before and after the intervention

Variable	Intervention Group (n=30) (Mean ± SD)	Control Group (n=29) (Mean ± SD)	p-value*
Menopausal Symptom Score (KMI)	25.35 ± 3.10 → 12.55 ± 2.15	24.85 ± 3.05 → 22.90 ± 2.80	< 0.001
Self-Care Practices (MSCQ)	21.40 ± 3.45 → 37.50 ± 2.85	21.75 ± 3.35 → 23.05 ± 3.15	< 0.001
Quality of Life (MENQOL)	66.70 ± 5.85 → 39.80 ± 3.95	66.15 ± 5.75 → 64.10 ± 5.40	< 0.001

** Analyzed using an independent-samples t-test to compare changes in scores between groups*

Based on the data presented in Table 1, the integration of symptom screening and self-care education was associated with a substantial reduction in menopausal symptom severity in the intervention group. The mean KMI score decreased by 12.80 points, from 25.35 at baseline to 12.55 after the intervention ($p < 0.001$), corresponding to a change from the moderate to mild symptom category. In comparison, the control group showed a smaller decrease of 1.95 points, from 24.85 to 22.90. The modified Kupperman Index provides a structured measure of menopausal symptom severity and has demonstrated a strong correlation with the Menopause Rating Scale (Tao et al., 2013).

The observed reduction in KMI scores may reflect the combined contribution of the three sequential intervention components rather than a single factor. Symptom recognition may have improved participants' understanding of their menopausal symptoms, while self-care education provided practical strategies related to healthy eating, physical activity, reproductive hygiene, and stress management (Hossein Mirzaee Beni et al., 2022; McFeeters et al., 2024a). Symptom monitoring may have further encouraged participants to recognize changes in symptom severity and apply appropriate self-management strategies in daily life. These processes may have contributed to the observed reduction in symptom burden over the six-week intervention period. However, because the three components were delivered as an integrated intervention, the present study cannot determine the independent contribution of each component to the 12.80-point reduction in KMI scores.

A statistically significant improvement was also observed in self-care practice scores, as measured by the Menopausal Self-Care Questionnaire (MSCQ), among participants in the intervention group. The mean MSCQ score increased by 16.10 points, from 21.40 at baseline to 37.50 after the intervention ($p < 0.001$). This finding suggests that the intervention was associated with improvements in menopause-related self-care practices, including healthy lifestyle behaviors and symptom-management activities. The MSCQ has been used to assess multiple dimensions of self-care behaviors among postmenopausal women (Malekmirzaei et al., 2023). These findings are also consistent with evidence showing that structured self-care education can improve self-care practices and quality of life among menopausal women (Hossein Mirzaee Beni et al., 2022; Karimi et al., 2022).

Improvement in menopausal symptoms and self-care practices was accompanied by an improvement in quality of life among participants in the intervention group. The mean MENQOL score decreased from 66.70 at baseline to 39.80 after the intervention ($p < 0.001$), indicating an improvement in menopause-specific quality of life, as lower MENQOL scores represent better quality of life. In contrast, the control group showed only a small change in mean MENQOL scores, from 66.15 to 64.10. These findings suggest that integrating symptom screening with structured self-care education may contribute to improvements in menopause-related quality of life. Previous intervention studies have similarly reported improvements in quality of life following structured menopause education and self-care interventions (Afshari et al., 2020; McFeeters et al., 2024; Shobeiri et al., 2017).

The three intervention components were designed to address complementary aspects of menopause self-care. Module 1, Understanding Menopause and Symptom Recognition, provided foundational knowledge about physiological changes and common menopausal symptoms, which may help women recognize and understand their symptoms and subsequently respond with appropriate self-care strategies (Karimi et al., 2022; McFeeters et al., 2024). Module 2, Self-Care and Symptom Management, translated this knowledge into practical behaviors, including healthy eating, physical activity, reproductive hygiene, and stress management, which may support improvements in self-care practices and symptom management. Evidence from a randomized clinical trial indicates that structured self-care education can improve self-care practices and quality of life among menopausal women (Hossein Mirzaee Beni et al., 2022). Module 3, Self-Management and Symptom Monitoring, encouraged participants to monitor their symptoms and evaluate the application of self-care strategies in daily life. Evidence from a systematic review suggests that symptom monitoring may increase health awareness, support health-related decision-making, and contribute to improvements in menopausal symptoms (Andrews et al., 2021).

Because these three components were delivered sequentially as an integrated six-week intervention, the present study cannot determine the independent contribution of each module to the observed changes in KMI, MSCQ, or MENQOL. Therefore, the findings should be interpreted as reflecting the combined contribution of symptom recognition, self-care education, and self-management support rather than the effect of any single component. Future studies using component-specific or factorial designs are needed to determine the relative contribution of each intervention component.

CONCLUSION

The integration of health screening, structured self-care education, and daily symptom monitoring was associated with improvements in menopausal symptom severity, self-care practices (MSCQ), and quality of life (MENQOL) among 59 menopausal women aged 45–59 years at Posyandu Handayani 20, Kelurahan Rengas Pulau, Kecamatan Medan Marelan, Kota Medan. These findings suggest that integrating systematic symptom screening with structured self-care education may be a feasible approach to support menopause self-management in community-based midwifery services by facilitating symptom identification, health education, self-care practice, and symptom monitoring (Beura et al., 2023).

Further research is needed to test the effectiveness and generalizability of this integrated model in larger and more diverse populations across multiple community-based settings. Future studies should include longer follow-up periods to assess the sustainability of the observed outcomes and should provide detailed reporting of intervention components to facilitate replication and implementation (McFeeters et al., 2024). Randomized controlled or component-specific designs are also recommended to strengthen causal inference and determine the contribution of individual intervention components.

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References

Afshari, F., Bahri, N., Sajjadi, M., Mansoorian, M. R., & Tohidinik, H. R. (2020). Menopause uncertainty: The impact of two educational interventions among women during menopausal transition and beyond. *Przeglad Menopauzalny*, *19*(1), 18–24. https://doi.org/10.5114/pm.2020.95305

Alsaggaf, R., O'Hara, L. M., Stafford, K. A., Leekha, S., & Harris, A. D. (2018). Quasi-experimental Studies in the Fields of Infection Control and Antibiotic Resistance, Ten Years Later: A Systematic Review. *Infection Control and Hospital Epidemiology*, *39*(2), 170–176. https://doi.org/10.1017/ice.2017.296

Andrews, R., Hale, G., John, B., & Lancastle, D. (2021). Evaluating the Effects of Symptom Monitoring on Menopausal Health Outcomes: A Systematic Review and Meta-Analysis. *Frontiers in Global Women's Health*, *2*. https://doi.org/10.3389/fgwh.2021.757706

Arar, M. A., & Erbil, N. (2023). The effect of menopausal symptoms on women's daily life activities. *Przeglad Menopauzalny*, *22*(1), 6–15. https://doi.org/10.5114/pm.2023.126436

Bahri, N., Saljooghi, S., Noghabi, A. D., & Moshki, M. (2018). Effectiveness of the teach-back method in improving self-care activities in postmenopausal women. *Przeglad Menopauzalny*, *17*(1), 5–10. https://doi.org/10.5114/pm.2018.74896

Beura, S., Patnaik, L., & Sahu, M. (2023). Effectiveness of lifestyle related interventions to improve quality of life among postmenopausal women in selected slums of Bhubaneswar: A community based quasi experimental study. *Journal of Education and Health Promotion*, *12*(1), 388. https://doi.org/10.4103/jehp.jehp_599_23

Davis, S. R., Pinkerton, J. A., Santoro, N., & Simoncini, T. (2023). Menopause—Biology, consequences, supportive care, and therapeutic options. In *Cell* (Vol. 186, Number 19, pp. 4038–4058). Elsevier B.V. https://doi.org/10.1016/j.cell.2023.08.016

Forouhari, S., Khajehei, M., Moattari, M., Mohit, M., Rad, M. S., & Ghaem, H. (2010). The effect of education and awareness on the Quality-of-Life in postmenopausal women. *Indian Journal of Community Medicine*, *35*(1), 109–114. https://doi.org/10.4103/0970-0218.62563

Hajesmaeel-Gohari, S., Shafiei, E., Ghasemi, F., & Bahaadinbeigy, K. (2021). A study on women's health information needs in menopausal age. *BMC Women's Health*, *21*(1). https://doi.org/10.1186/s12905-021-01582-0

Handley, M. A., Lyles, C. R., McCulloch, C., & Cattamanchi, A. (2018). Selecting and Improving Quasi-Experimental Designs in Effectiveness and Implementation Research. *Annual Review of Public Health*, *39*, 5–25. https://doi.org/10.1146/annurev-publhealth-040617-014128

Harlow, S. D., Gass, M., Hall, J. E., Lobo, R., Maki, P., Rebar, R. W., Sherman, S., Sluss, P. M., & De Villiers, T. J. (2012). Executive summary of the Stages of Reproductive Aging Workshop + 10: Addressing the unfinished agenda of staging reproductive aging. *Menopause*, *19*(4), 387–395. https://doi.org/10.1097/gme.0b013e31824d8f40

Hossein Mirzaee Beni, Z., Maasoumi, R., Pashaeypoor, S., & Haghani, S. (2022). The effects of self-care education based on the health literacy index on self-care and quality of life among menopausal women: a randomized clinical trial. *BMC Women's Health*, *22*(1). https://doi.org/10.1186/s12905-022-02007-2

Jenabi, E., Gholamaliee, B., & Khazaei, S. (2020). Correlation between Health Literacy and Quality of Life in Iranian Menopausal Women. *Journal of Menopausal Medicine*, *26*(1), 34. https://doi.org/10.6118/jmm.19018

Kafaei-Atrian, M., Sadat, Z., Nasiri, S., & Izadi-Avanji, F. S. (2022). The Effect of Self-care Education Based on Self-efficacy Theory, Individual Empowerment Model, and Their Integration on Quality of Life among Menopausal Women. *International Journal of Community Based Nursing and Midwifery*, *10*(1), 54–63. https://doi.org/10.30476/IJCBNM.2021.86814.1370

Karimi, L., Mokhtari Seghaleh, M., Khalili, R., & Vahedian-Azimi, A. (2022). The effect of self-care education program on the severity of menopause symptoms and marital satisfaction in postmenopausal women: a

randomized controlled clinical trial. *BMC Women's Health*, *22*(1). https://doi.org/10.1186/s12905-022-01653-w

Koyuncu, T., Unsal, A., & Arslantas, D. (2018). Month (Year), pp. xx-yy. *International Journal of Computational Intelligence Systems*, *8*(2), 8–12. https://doi.org/10.1080/XXXXXXXXXXXXXX

Lumsden, M. A., Dekkers, O. M., Faubion, S. S., Lindén Hirschberg, A., Jayasena, C. N., Lambrinoudaki, I., Louwers, Y., Pinkerton, J. A. V., Sojat, A. S., & Van Hulsteijn, L. (2025). European society of endocrinology clinical practice guideline for evaluation and management of menopause and the perimenopause. *European Journal of Endocrinology*, *193*(4), G49–G81. https://doi.org/10.1093/ejendo/lvaf206

Magraith, K., & Jang, C. (2023). Management of menopause. *Australian Prescriber*, *46*(3), 48–53. https://doi.org/10.18773/austprescr.2023.014

Malekmirzaei, E., Farshbaf-Khalili, A., & Pakpour, V. (2023). The self-care behaviors and health literacy can play important preventive roles in older female osteoporosis. *BMC Women's Health*, *23*(1). https://doi.org/10.1186/s12905-023-02546-2

McFeeters, C., Pedlow, K., McGinn, D., & McConnell, K. (2024a). A rapid review of menopausal education programmes. *Archives of Women's Mental Health*, *27*(6), 975–983. https://doi.org/10.1007/s00737-024-01476-8

McFeeters, C., Pedlow, K., McGinn, D., & McConnell, K. (2024b). A rapid review of menopausal education programmes. *Archives of Women's Mental Health*, *27*(6), 975–983. https://doi.org/10.1007/s00737-024-01476-8

Metcalf, C. A., Duffy, K. A., Page, C. E., & Novick, A. M. (2023). Cognitive Problems in Perimenopause: A Review of Recent Evidence. In *Current Psychiatry Reports* (Vol. 25, Number 10, pp. 501–511). Springer. https://doi.org/10.1007/s11920-023-01447-3

Nainggolan, W., Mardiyono, M., & Suwondo, A. (2024). Pemberian Terapi Akupresur sebagai Upaya Peningkatan Kualitas Tidur dan Kadar Estrogen pada Wanita Menopause. *Jurnal Kesehatan Komunitas (Journal of Community Health)*, *10*(1), 214–221. https://doi.org/10.25311/keskom.vol10.iss1.1529

Natvik, M., Gjelsvik, B., Vangen, S., Skjeie, H., & Brekke, M. (2024). Women's information needs about menopause: a cross-sectional survey in Norwegian general practice. *BJGP Open*, *8*(1), 1–8. https://doi.org/10.3399/BJGPO.2023.0127

Rathnayake, N., Alwis, G., Lenora, J., Mampitiya, I., & Lekamwasam, S. (2020). Effect of Health-Promoting Lifestyle Modification Education on Knowledge, Attitude, and Quality of Life of Postmenopausal Women. *BioMed Research International*, *2020*. https://doi.org/10.1155/2020/3572903

Rindner, L., Nordeman, L., Strömme, G., Hange, D., Gunnarsson, R., & Rembeck, G. (2023). Effect of group education and person-centered support in primary health care on mental health and quality of life in women aged 45–60 years with symptoms commonly associated with stress: a randomized controlled trial. *BMC Women's Health*, *23*(1). https://doi.org/10.1186/s12905-023-02221-6

Shobeiri, F., Jenabi, E., Khatiban, M., Hazavehei, S. M. M., & Roshanaei, G. (2017). The Effect of Educational Program on Quality of Life in Menopausal Women: A Clinical Trial. *Journal of Menopausal Medicine*, *23*(2), 91. https://doi.org/10.6118/jmm.2017.23.2.91

Tao, M. F., Shao, H. F., Li, C. B., & Teng, Y. C. (2013). Correlation between the modified Kupperman Index and the Menopause Rating Scale in Chinese women. *Patient Preference and Adherence*, *7*, 223–229. https://doi.org/10.2147/PPA.S42852

Thavabalan, K., Ovenell, A., Pierce, P., Sutaria, A., Parkhouse, A., Baydemir, N., & Lally, T. (2025). Barriers to the safe discussion of the experience and management of menopausal symptoms: A systematic literature review. In *Maturitas* (Vol. 201). Elsevier Ireland Ltd. https://doi.org/10.1016/j.maturitas.2025.108683

Wong, C., Yip, B. H. K., Gao, T., Lam, K. Y. Y., Woo, D. M. S., Yip, A. L. K., Chin, C. Y., Tang, W. P. Y., Choy, M. M. T., Tsang, K. W. K., Ho, S. C., Ma, H. S. W., & Wong, S. Y. S. (2018). Mindfulness-Based Stress Reduction (MBSR) or Psychoeducation for the Reduction of Menopausal Symptoms: A Randomized, Controlled Clinical Trial. *Scientific Reports*, *8*(1). https://doi.org/10.1038/s41598-018-24945-4